Disabled Child Determination Guide

Div	United Assertion Control	Hamtson ka		General information about retro
Plan	How is determination made	How to apply?	Timeframe for submission	enrollment.
Highmark Comp PPO First State Basic Medicfill	Plan determines eligibility. Employee must send application to request continued coverage. Submission is reviewed by the plan to determine eligibility.	Click here to access the Disabled Child Application	The Underwriting department confirms there is no timeframe for an individual to submit a Disabled Dependent application.	Determined by the State
CVS Prescription	Follows determination made by the medical plans.	N/A	N/A	Determined by the State
CVS Prescription EGWP	Follows determination made by the medical plans and CMS guidelines	N/A	N/A	Medicare coverage can be retroactive up to 6 months.
Aetna HMO Aetna CDH Gold	Plan determines eligibility. Employee must sent application to request continued coverage. Submission is reviewed by the plan to determine eligibility.	Click here to access the Incapacitated Child Forms - Physician Form Click here to access the Incapacitated Child Forms - Member Form	Unless the State has special handling outlined in a different location (website, other resources) Aetna's standard handling is that Aetna will review requests for continued coverage due to incapacitated status prior to the dependent reaching the limiting age or within 90 days after the date of the first claim, after the dependent reaches the maximum age under the member's policy. We request information regarding the dependent's eligibility via the member's EOB. However, the child must have been disabled before reaching the limiting age. If continued coverage is granted but with an end date, Aetna sends the subscriber a reminder to reapply for continued coverage 2 months before the termination date.	Determined by the State
Dominion National	Needs a letter from the member's doctor	Once approved by Dominion, Enrollment Change Form	Once medical has made determinations, retro enrollment may not exceed 12 months	*Will only allow up to a 12 month retroactive enrollment.
Delta Dental	Follows determination made by the medical plans and/or the State.	Once approved by medical plan, Enrollment Change Form	Child must be disabled before reaching the limiting age in order to continue coverage. Enrollments should follow standard retro active policy of 3 months.	Enrollments beyond retro active policy of 3 months require Delta Dental approval and retro premium must be paid.
EyeMed Vision	Follows determination made by the medical plans.	Once approved by medical plan, Enrollment Change Form	Will mirror medical plan.	*There is no time limit on how far the State can go back; however, retro adjustments will only go back 3 months. If State retro terms a member back 6 months, State will only get 3 months credit on the invoice; the same applies if State is adding a person. If State adds a member with a date 6 months in the past, State will only get invoiced for 3 months. EyeMed will check to see if there are any claims for members during the time period of the retro term date.
Securian Life	Determination does not need to be made when coverage is obtained unless they are required to submit EOI. If EOI is required completion of the EOI questions will be required. Disabled children can be covered beyond the dependent child age limits. The disabled child may be covered if he or she: • Was covered continuously as a dependent child in the group voluntary insurance through his or her parent before reaching the dependent child age limit; • Is not married; and • Is providing 50 percent or less of his/her own support because of a disability that is expected to last more than 12 months or results in death	Enroll via LifeBenefits In the event of a claim, an employee may be required to show proof of dependency, such as a birth certificate, court order, or federal tax return for each eligible child.	90 days from the first day of eligibility and/ or during Annual Open Enrollment and or when an employee experiences one of the qualified status changes. Proof of dependency can be provided upon enrollment/ election change or if requested in the event of a claim	Securian will look at this on an individual basis/circumstances but generally speaking enrollment is limited to the designated period outlined each year for Annual Enrollment and/or 90 days from the first day of eligibility or when the experience one of the qualified status changes or after if required after underwriting has approved additional coverage.
Securian Accident Critical Illness	Disabled children can be covered beyond the dependent child age limits. The disabled child may be covered if he or she: • Was covered continuously as a dependent child in the group voluntary insurance through his or her parent before reaching the dependent child age limit; • Is not married; and • Is providing 50 percent or less of his/her own support because of a disability that is expected to last more than 12 months or results in death	Enroll via LifeBenefits In the event of a claim, an employee may be required to show proof of dependency, such as a birth certificate, court order, or federal tax return for each eligible child.	90 days from the first day of eligibility and or during Annual Open Enrollment and or when an employee experiences one of the qualified status changes. Proof of dependency can be provided upon enrollment/ election change or if requested in the event of a claim	Securian would look at this on an individual basis/circumstances but generally speaking enrollment is GI and limited to the designated period outlined each year for Annual Enrollment and or 90 days from the first day of eligibility or when the experience one of the qualified status changes. Retro coverage is generally not allowed. Individuals would need to wait until the next Annual Enrollment to be eligible to enroll.